ACHIEVING IMPACT AT SCALE:

AN ASSESSMENT OF THE COMMUNICATION ENVIRONMENT IN TANZANIA

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SO1 - Increased use of family planning/maternal and child health and HIV/AIDS preventive measures

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EXECUTIVE SUMMARY

The Tanzania Behavior Change Communication (BCC) Assessment conducted from October 23 to November 4, 2003 found a wealth of communication activities and products varying in both quality and number of health themes generated both in and outside Dar es Salaam.

Methodology

One local and one international consultant interviewed a wide range of organizations and institutions in Dar es Salaam and Arusha engaged in health communication and promotion. Interviews confirmed that a great deal of excellent health communication work is being conducted in Tanzania.

Key Findings

The consultants identified five key findings in their assessment.

(1) Consolidate BCC Efforts: Improving BCC will require that the many independent BCC efforts be consolidated in order to produce quality, focused, streamlined strategies and approaches.

(2) Harmonize Action-Based Messages: Harmonizing the many different action-based messages will be necessary to avoid mixed messages, redundancy of effort, and provide a focused set of key achievable behaviors for intended audiences.

(3) Develop Cohesive Sets of Teaching Tools: All front-line health workers need cohesive sets of basic health cards, job aids/counseling cards, and buzz materials.

(4) Give Youth a Voice: BCC efforts should give youth a voice to tap the energy, creativity, and sensibility of youth when designing and implementing BCC activities.

(5) Focus Community Activities: Communities often undertake a greater number of health activities and themes than they can manage. Organizations working at the community level must focus on specific themes and activities if they expect to meet their objectives.

Hospitable Environment

A number of factors make the prospects for improving BCC in Tanzania realistic. **(1)** The government of Tanzania appears committed to improving its citizens' health. **(2)** The country is united under a common language, Kiswahili, facilitating communication across regions. **(3)** An effective communication medium, Community Theater, is a common, traditional, and socially accepted means of entertaining and educating communities across the country.

(4) Radio, television, and print media are increasing their reach and popularity in and outside of urban centers. **(5)** A number of recent and current BCC efforts in Tanzania provide a wealth of experience from which to draw lessons for future success.

Seven Opportunities

The consultants recognized seven opportunities for improving BCC effectiveness in Tanzania.

(1) Build on Successful Programs: A number of successful programs exist and can be improved and expanded. These include the radio serial drama *Zinduka,* and the magazines *Femina* and *Si Mchezo.*

(2) Promote voluntary counseling and treatment (VCT) as Prevention and Care Engine: HIV/AIDS testing can be a gateway behavior and present an educational and communication opportunity for those with either negative or positive results.

(3) Cultivate Organic Communication Strategies: Current program successes can be reviewed and best practices and promising innovations incorporated into workable, rather than bureaucratic, theme-specific communication strategies.

(4) Re-energize Family Planning Promotion: This can be achieved by revamping and redesigning the Green Star family planning logo and re-launching the program.

(5) Launch a Champion Community Initiative: Communities and their associations engaged in health promotion can be promoted to inspire them to realize greater accomplishments and commitment.

(6) Celebrate Achievement: Groups and communities involved with successful health promotion should be recognized and given opportunities to express pride in their accomplishments.

(7) Link Community Activities to Media: The power of mass media should be utilized to extend the reach of local performances and events while serving as a powerful incentive to local groups to improve the quality, creativity, and frequency of their efforts.

Achieving Impact at Scale

Tanzania's communication environment is characterized by a patchwork of programs, models, and approaches not conducive to achieving widespread health impact. By promoting people as producers of their own health, focusing and streamlining priority health actions, and promoting strong, helpful partner networks, Tanzania will be in a position to achieve communication impact at scale. This action is timely. Tanzania has an opportunity to avoid a potentially crushing increase in HIV/AIDS prevalence, and its efforts to mitigate the present debilitating effects of the disease can be greatly enhanced by effective BCC.

I. Introduction

As part of the process of preparing a ten-year country strategy for the period 2005 – 2015, the USAID/Tanzania SO 1 team requested the services of two consultants (one international and one national) to conduct a broad assessment of the overall behavior change communication environment in Tanzania. USAID noted in the consultants' scope of work that "despite a significant amount of BCC activity, especially in the area of HIV/AIDS, there is a weak and fragmented quality to existing pieces." The assessment, which was carried out from October 23 through November 4, 2003, focused on identifying gaps and opportunities and did not include a design component.

II. Methodology

The consultants' approach was to interview representatives from a wide range of organizations and institutions engaged in health communication and promotion. This group included personnel from the Ministry of Health (MOH), Tanzania Commission on AIDS (TACAIDS), international organizations such as UNICEF and UNFPA, USAID-funded contracting agencies, non-governmental organizations of various descriptions, health agents, and community leaders. A complete list of interviewees and their respective organizations can be found in Appendix 1. The interviews yielded a wealth of information and confirmed that a great deal of excellent health communication work has been and is being carried out in Tanzania.

III. Overall BCC Environment

A small sample of Tanzania's health statistics point to a clear need for effective BCC. UNAIDS estimates that roughly 8% of Tanzania's 35 million people are either HIV positive or living with AIDS. According to the 1999 Tanzania Reproductive Child Health Survey, only 14% of men and 15% of women are using a modern contraceptive method. The 1996 Demographic Health Survey estimates maternal mortality rates at roughly 529 deaths per 100,000 live births. Behind each statistic is a complex mixture of socio-cultural and economic barriers to positive health behaviors that strategic BCC must account for.

In addition, successful BCC in Tanzania, as elsewhere, is dependent on the availability of professional communication, advertising, and marketing support. Unfortunately, there are relatively few Tanzanians capable of providing this expertise. This may be in large part due to the lack of higher educational degrees in these fields in Tanzania. The result is a greater dependence on external technical assistance than would otherwise be necessary.

Nonetheless, the overall BCC environment in Tanzania is impressive. Tanzania has "placed the improvement of the health status of women and children high on its agenda since independence." Health communication has made major contributions to several important successes nationwide. The MOH Green Star program helped raise the use of modern contraceptives from 6% in 1992 to 16% in 1999, and nearly 70% of all children are fully immunized by their second birthday. More recently, JHPIEGO launched the Focused Antenatal Care

(FANC) initiative and a number of exciting, potentially high-impact initiatives in the area of HIV/AIDS prevention and care are underway.

Tanzania has a well-written National Reproductive and Child Health Communication Strategy that provides an overview of health communication principles and concepts, cross-cutting issues, and a strategic planning framework. However, Tanzania does not yet have a National HIV/AIDS communication strategy. Ideally, this strategy would not only address essential topics (e.g., stigma, VCT, partner negotiation, etc.), but also the most effective combination of communication approaches to use. The strategy should also address multi-sectoral issues and emphasize coordination of effective technical messages across sectors.

This paper first provides background and perspective by briefly discussing the evolution of health communication in most African countries, and then outlines the overarching BCC challenge Tanzania faces. The main body of the report identifies important gaps in the overall Tanzanian communication environment and opportunities for successful BCC in Tanzania. A dynamic, unified response will set the stage for the next phase of BCC activities to achieve impact at scale in the country.

IV. Evolution of Health Communication: Towards Achieving Impact at Scale in Tanzania

The health communication environment in Tanzania compares quite favorably to neighboring countries. To provide some perspective, it is possible to characterize the state of BCC in Tanzania as being on the cusp between a Phase III and a Phase IV program. The initial phases of health education and BCC programs can roughly be described as follows:

Phase I – The "Three Food Groups" Phase

This is old-fashioned health education with flannel graphs, poorly conceived posters, and large village talks. Every country started out in Phase I during the 1950s, '60s or '70s. Generally, programs were not very effective. The classic example is that millions of mothers knew their three food groups but were unable to translate this information into easy-to-use beneficial health practices for their children.

Phase II – Information, Education and Communication

In the mid-1980s modern health communication was born. Emphasis was placed on using communication strategies based on research and evidence to reach large numbers of people. Notions and experience from the world of advertising and marketing were applied strategically. The concept and practice of social marketing was introduced. Numerous highly successful immunization, control of diarrhea, and family planning campaigns were carried out around the world, primarily through the public sector. Programs tended to achieve results by using primarily interpersonal communication, mass media, and print materials to transfer knowledge.

Phase III – Behavior Change Communication

Throughout the 1990s rapid changes continued in the young field of health communication. In most developing countries, IEC (information, education, and communication programs, which suddenly seemed outdated, gradually focused on encouraging specific groups to adopt beneficial health behaviors. The shift to behavior change effectively raised the stakes for communication programs. It was no longer enough to demonstrate changes in knowledge and attitudes; programs were increasingly judged by the their impact on public health. Community engagement, especially in Africa where social norms play an important role, was recognized as being a vital component of successful programs.

Other dynamics also came into play. The role of communication in public health was widely documented. This, in turn, dramatically boosted the number of program designs that included a communication component. Meanwhile, experienced technicians remained scarce; so, new programs frequently represented a mix of Phase I, Phase II, and Phase III approaches. Finally, the huge communication challenge of HIV/AIDS prevention and care continued to grow exponentially, pulling resources from traditional child survival and reproductive health communication activities.

The result of these combined pressures and growth is that communication environments in many countries, including Tanzania, are presently a patchwork of programs, models, kits, and approaches. Strategies vary widely in size and description, ranging from those that are well designed and efficiently implemented to the poorly conceived Phase I "two pamphlets and a poster" efforts.

Phase IV – Achieving Impact at Scale

Phase IV is new territory, which will be characterized by a mix of vertical and integrated communication programs. The specific mix will vary with each country, but certain guiding principles will be evident in the most successful efforts. Below are a few illustrative examples of Phase IV guiding principles:

- **People as producers of their own health:** Well-designed health communication programs empower people to become more effective producers of their own health. Program managers must seize all opportunities to reach out directly to community networks, engage families in systematic efforts to improve their health and facilitate communication among friends and neighbors. Recognizing people, families, and communities as primary producers of their own health provides a framework for participatory approaches at all levels.

- **Focus and streamline:** Focusing and streamlining at every step are indispensable to maintain systematic large-scale efforts that address multiple themes. Without sufficient focus on priority beneficial health actions and easily implemented methodologies, it will be difficult to avoid a crushing level of complexity that often accompanies the simultaneous implementation of several communication programs.

- **Promote strong, helpful partner networks:** The first step in creating an environment where partnerships thrive is for ministries and donors to demonstrate an unshakable commitment to the spirit of helpful collaboration. Sharing best practices and approaches at every stage of the program cycle – analysis, design, development, implementation and evaluation – builds trust and capacity. Sustainability in the field of development communication is linked to increasing the pool of skilled technicians, but is perhaps more dependent on the creation of collaborative, functional networks that link health-promotion partners.

V. Overarching Challenge: Mitigate the Debilitating Effects of HIV/AIDS

Mitigating the debilitating effects of HIV/AIDS in Tanzania is an overarching challenge that should be the central organizing principle of all BCC work over the next ten years. The people of Tanzania have the opportunity to avoid a crushing jump in the national HIV/AIDS infection rate that would entail far-reaching consequences for the nation and risk the cessation of all development for a generation. In addition to aiding HIV/AIDS prevention, strategic communication can support efforts to improve demand for and quality provision of voluntary counseling and testing services and anti-retroviral therapy, where available.

Success will require overcoming such barriers to change, such as the social norms that perpetuate the spread of and stigma associated with HIV/AIDS. Such norms include the belief that young males prove their manhood through sexual prowess and number of sexual partners; that providing sex, either through prostitution or with "sugar daddies" in return for economic gain is socially acceptable; that HIV is so common it's impossible to avoid (fatalism); and that people living with HIV/AIDS must be kept at a distance for fear of contracting the disease.

Success will also rely on the formation of a rich, high-impact, behavior change environment characterized by strategic media mixes and the use of multiple communication channels. Despite dozens of evaluations that demonstrate this need, program managers commonly focus on one communication element. In Tanzania, a vibrant mix of interpersonal communication, community engagement, action-producing workshops, effective advocacy, and strategic use of print, radio and television can dramatically strengthen the behavior change of individuals, families, and communities. Tanzania also has an advantage in the dozens and dozens of youth and community networks –churches, schools, youth clubs, women's groups, rural associations, unions, the military, police-that exist, and they must all be activated.

The gaps and opportunities described below all directly or indirectly support the overarching challenge of mitigating the debilitating effects of HIV/AIDS.

VI. Priority Gaps and Challenges in Tanzania

An immediate challenge faced by the Tanzanian health communication community is to consolidate and take to scale the best communication practices while continuing to encourage initiative and creativity. It will be necessary to walk a fine programmatic line between excessive emphasis on coordination, which can lead to stifling bureaucracy and uniformity, and an approach where every program uses valuable resources to design its own messages and materials and develop a unique strategy. Both extremes are inefficient. A "unity in diversity" approach is required. The present BCC environment in Tanzania is quite diverse. Programs would benefit – that is achieve higher impact – if more effort were devoted to pulling pieces together and encouraging program managers to work more collaboratively.

The consultants identified five priority gaps in the current BCC environment. Three of these gaps concern donor collaboration, harmonized messages, and frontline teaching tools. Together they require "back to the basics" retooling and consolidation, which is necessary to prepare for long-term national efforts. The other two gaps, "Youth Needs a Voice" and "Community Activities are Poorly Focused," deal with sound methodologies and effective implementation. When taken as a group, these five gaps retard efforts to create rich, enabling health communication environments for Tanzanian families and communities.

Gap #1: Collaboration

Interviews with stakeholders confirmed that there is considerable collaboration at the donor level and that the lack of an active BCC coordinating unit has resulted in numerous redundancies and inefficiencies. **The emergence of a dynamic, engaged communication working group or taskforce will benefit the overall BCC environment immediately.** A communication taskforce would initially bring together the Ministry of Health with communication technicians from fifteen or so major international and national partners. Over time the taskforce would continually seek to engage other ministries and widen the circle of member organizations and agencies.

Health communication is a field where effective coordination directly translates into financial savings, improved quality, and an expansion of options for all concerned. Countries that have a functioning BCC taskforce note the following advantages:

- **Savings:** Higher print runs and intensified media coverage mean lower unit costs. Sharing training modules, kits and modules saves time spent on development. As with the private sector, program managers will purchase models, products and buy into approaches to the extent they are effective, of high quality and represent good value.

- **Higher quality:** Input and pretests from several organizations improves product quality and builds hands-on capacity.

- **Priorities identified:** Taskforce members identify annual priority communication activities related to HIV/AIDS, child survival/nutrition, and reproductive health. This approach clarifies which groups are developing media, models, and kits and greatly reduces redundancy.

- **Increased initiatives:** Many organizations would hesitate to develop communication initiatives on their own but are willing to move forward with taskforce support.

- **Skill building: T**hrough an exchange of lessons learned and site visits, a communication taskforce serves as a skill-building instrument that allows less experienced program technicians to receive input from a diverse group of communication professionals. Inter-site visits among partners allow small NGOs doing excellent work to be recognized.

A few interviewees expressed concerns that given Tanzania's considerable cultural diversity, coordinating health communication nationwide may prove difficult. An important role of a BCC taskforce is deciding whether to develop a national or a regional model. Kiswahili, the unifying national language, offers Tanzania an important time and cost saving advantage many countries do not possess. The numerous posters and pamphlets developed and distributed nationally are apparently effective in all regions.

Coordination Mandate: In the present environment organizations apparently come together on an ad hoc basis to develop messages, mass media, or materials. A communication taskforce would facilitate a higher and more regular degree of this sort of collaboration. **Since overwork and fierce dedication to achieving one's own program goals is the norm, in order to succeed, a taskforce will need the support of an organization that has a specific coordination mandate.**

A characteristic of successful communication taskforces is that members continually benefit both financially and technically. This can be accomplished most easily if the taskforce remains a loose consortium of organizations. Attention should be paid to avoiding the common error of starting off with a dynamic profile but getting bogged down in procedures and ending up as bureaucracy.

Gap #2: Harmonized, Action-Based Messages Are Lacking

During discussions with stakeholders, the urgent need for harmonized HIV/AIDS, STI, child health, nutrition, safe motherhood, and family planning messages came up frequently. The lack of reference message guides means that health communication programs are missing important opportunities to reinforce each other's activities and that individuals risk receiving the same basic message from several sources and in several forms (client cards or job aides) without recognizing it as such. **One of the earliest efforts of the communication taskforce could be harmonizing health messages.**

Less is known about developing effective messages around HIV/AIDS-related themes than reproductive and child health. The constant evolution of the HIV/AIDS situation contributes to an increasingly complex landscape. For example, effective action-based messages for high-risk youth might emphasize talking to peers and friends or discussing feelings with a partner before entering into a sexual relationship or learning how to say "no." Some messages could involve choices or might promote group behaviors. **The important point is that organizations active in HIV/AIDS prevention and care have a forum to discuss these**

important questions. Two message guides could easily emerge from a series of harmonization workshops and pretesting exercises: one for HIV/AIDS and a second for reproductive health and child health.

Message guides that are widely distributed by the Ministry to all health facilities, ministries, and local NGOs of every description, as well as larger associations and organizations, provide a starting point and a framework for local adaptation of messages and strategy development. They also insure that all health partners speak the same language and form the cornerstone for health promotion activities. This, in turn, sets the tone for continued fruitful collaboration across the health sector.

Apparently some efforts have been made to harmonize messages. The Director of the African Youth Alliance, Ms. Halima Shariff, described an HIV/AIDS message development workshop held in 2003. This was one of three communication workshops held in one month! The workshop outputs were used to develop print materials, but an HIV/AIDS message guide was not published. One stakeholder made the point that a harmonized HIV/AIDS message guide would reduce the number of organizations inadvertently developing messages that reinforce stigma.

Action-based messages: Action-based messages help keep everyone's "eye on the prize," encouraging greater numbers of individuals, families, and communities to carry out beneficial health behaviors. Messages based on "small do-able actions" – health behaviors that a typical rural or urban youth or Tanzanian family can reasonably put into practice – help program designers answer a fundamentally important question*: "What would we like youth (or nursing mothers) to do, should they desire to take action?"* Each proposed do-able action must be tested for feasibility and to identify primary benefits the intended audience will gain from the new behavior. Finally, stakeholders should reach a consensus on a limited number (usually three to six) of priority actions for each health theme.

The development of message guides would help health organizations in Tanzania focus information they wish to transfer. A short reference list of approximately five key beneficial health actions that a program is promoting among a specific group, such as people living with AIDS, is a powerful programmatic tool that contributes to a cohesive strategy and works against information dilution as a program rolls out.

Gap #3: Front Line Teaching Tools Are Needed

During visits to four health facilities in the Arusha region, the consultants were struck by the abundance of well-designed pamphlets and posters. This is an excellent first step towards producing print materials that facilitate behavior change. Job aids for the FANC initiative and for reproductive health counseling were also available at hospitals and health centers. There is, however, a great need for easy-to-use, cohesive sets of teaching tools that can be employed by all front line workers: health agents, HIV/AIDS counselors *and* community volunteers.

Another example is that of Pathfinder Arusha, which has developed some initial materials on home-based care for people living with AIDS. While this is a good start, several interviewees expressed the need for more useful materials on the same theme.

When developing new tools, such as those described below, it will be important to build on those available. An important step will be to assemble existing materials. Once partners have identified essential components of a series or kit, they can then determine those products that can be reproduced as they are and those that require updates or complete redevelopment.

A second consideration when developing tools is balancing centrally produced work with continued support of local initiatives. Two levels of activity, central and local, are frequently thought to be at odds, when they are actually complementary. Producing core communication messages and materials at the central level provides models, fills gaps, builds capacity, and, when positioned correctly, stimulates production of local and regional work. The multiple health crises Tanzania currently faces require several low-cost "universal" communication tools designed at the central level that can be adapted by local groups and organizations to meet their needs.

Three Categories of Tools

These tools fall into three broad categories:

(1) Basic Health Cards: These are fundamental materials, such as the Youth Passport, the Mother's Card, the Child Health Card and a Living Positively booklet that contain essential information on a vital issue (e.g., adolescent reproductive health, safe motherhood, child survival, people living with AIDS). They are program cornerstones that promote priority health actions and interaction in a user-friendly format. When well designed, these tools empower people to be better producers of their own health by strengthening communication among peers and between clients and providers.

(2) Job Aids and Counseling Cards: Job aids for counselors, community volunteers and health providers need to be easy to use if they are to be used at all. Like the basic health booklets, they should contain only essential, useful information.

Design note: Frequently, technicians designing job aids make the mistake of being too comprehensive – including everything of importance. The result of mixing the essential with important and less important information is that locating the essential information becomes a time consuming task. The result: the job aid is not used.

In their simplest and most effective form, counseling cards illustrate *one* priority action being carried out by a typical youth or family member. The reverse side of the card contains essential information on why and how to carry out the action. When used correctly counseling cards save health workers (and community volunteers) time by focusing the clients' attention on the most important health actions. Training health workers, counselors, and volunteers to use the same sets of cards builds program cohesion.

Separate sets of counseling cards can be developed for each health contact, such as for four prenatal visits, after childbirth, immunization, growth monitoring, sick child visits, STI and HIV/AIDS counseling, and caring for people with AIDS. Growth monitoring is as well developed in Tanzania as anywhere. It would be most helpful if a set of green, yellow and red counseling cards were produced. The total number of cards anyone can realistically use in a given setting is four.

(1) Buzz Materials: These are communication multipliers whose purpose is to encourage youth, mothers, and friends to talk to each other about health topics. The best example of this kind of tool in Tanzania is the small yellow card *Kadi Ya Urafiki* (production cost, perhaps one shilling). During visits to the AMREF VCT clinic and Marie Stopes center in Arusha this "friendship" or referral card was described as an effective tool that post-test youth use to encourage peers and friends to also "walk the walk" to the VCT center. "I really like that card … it's brought lots of youth in for testing," says Christine Masha, the Program Manager at Marie Stopes, Arusha.

Other examples of buzz materials include, congratulation cards for mothers of newborns, family planning invitation cards, and immunization diplomas. The goal of all buzz materials is to seize opportunities (usually moments of success) when people naturally want to share information with family, friends, and neighbors and to facilitate that process.

Discussions at EngenderHealth and Marie Stopes underlined the need for a new generation of attractive long-term method referral cards. Thinking of these cards as buzz materials might be helpful.

Three Suggested Tools for the Care of People Living With AIDS

(1) Interactive Youth Passport: During discussions with HIV/AIDS prevention and care professionals, perhaps half a dozen times the consultants asked: "What are the five most important actions that youth can take to protect themselves against AIDS?" While no one pointed to a poster on the wall or a laminated fact sheet on his or her desk, there was an impressive convergence of ideas.

Priority youth actions expressed by HIV/AIDS prevention and care professionals include:

- Value yourself
- Get accurate information
- Reflect, discuss with peers and your partner, then decide what *you* want to do
- Translate information into skills
- Learn how to seek out social support and "walk the walk" if you need a service
- Reach out to others

An interactive, fun-to-use Youth Passport would be an effective starting point in a national mobilization effort by youth in the fight against HIV/AIDS. An engaging passport would be fully illustrated, use humor, and represent a balanced view of options youth have to increase self-efficacy, develop skills, and successfully protect themselves. The

very process of developing this educational tool would shed light on policy gaps. A national model could then be adapted to local and regional needs.

(2) **Mother's Card (For Trigger Counseling):** In Arusha, the consultants had the opportunity to discuss the FANC initiative with health workers and supervisors on several occasions. The job aids, training materials, and poster to promote FANC are all valuable. But the vital communication tool, an easy-to-understand mother's card that links the health agent and the pregnant women during a prenatal visit, is missing. An effective mother's card is a personalized record that seizes the opportunity for communication presented by pregnancy. It could include information on PMTCT, HIV/AIDS testing, and family planning promotion as well as safe motherhood.

(3) **Child Health Card (as Program Cornerstone):** A well-designed, comprehensive tool such as a family-friendly child health card can have a tremendous impact on promoting behavior change. During visits to health clinics around Arusha, the consultants observed growth monitoring and vaccination sessions. The health card that mothers value and carry back and forth from home to the clinic, the one that health agents use to record vital information, cannot be understood by a typical Tanzanian mother. Indeed, it appears to be designed expressly so she cannot understand the card. A well designed, comprehensive health card is a fundamental communication tool that links families to health facilities and successfully integrates HIV/AIDS, child survival, and reproductive health messages.

The three communication tools described above are self-efficacy building blocks. Consider a group of 16-year olds using the Youth Passport to discuss their goals and fears or a pregnant woman referring her husband to a family planning message in the mother's card. These are fundamental expressions of self-efficacy.

The cards, in many cases for the first time, define the scope of essential information and actions on priority health themes. If readily available at affordable prices, health literacy primers can easily become silent workhorses of a national health promotion program.

The three communication tools described above may also be readily adapted for use as second generation counseling tools. Take any one of the basic health cards described above, increase its size to A4 or slightly larger, and you have a concise, effective counseling booklet for youth group facilitators, health agents, and community volunteers. The great advantage of these counseling booklets is that each can be developed at almost no cost. Together, the health card and the counseling booklet form an inexpensive but highly effective core education curricula. Introducing new materials to health workers and community volunteers through a short skill-based training is the best way to insure their regular use.

Gap #4: Youth Need A Voice

This sentiment was repeatedly expressed during discussions. Comments such as, "We talk about listening to youth and then we tell them what to do" or "I think for youth … they have to be involved" were common. Another recurring theme is summarized by the remark:

"Youth know AIDS exists. We need to rethink messages and approaches and come up with a new generation of ideas that will be more successful in promoting behavior change."

Such approaches should heed the remark made by a high ranking official working in HIV/AIDS prevention work, "Stay out of the classroom." This remark is typical of those who have seen dozens of youth vaccinated *against* positive behavior change through didactic, heavy-handed approaches. The interviewees agreed that schools and educators have a vital role to play in the fight against AIDS, but felt that the classroom was the least likely place to be successful. After school clubs appear to offer more promise then lessons tied to curricula. Ministry of Education officials will however need to collaborate on the development and design of any national-level tools such as a Youth Passport or a Core Youth Activity Guide.

Fortunately, Tanzania has a number of dynamic programs that, when taken together, create a solid foundation for expansion. A few examples include:

- ***Femina* and *Si Mchezu*** magazines provide a forum for "open talk about sexuality" through schools and youth organizations. By February 2004, editions of 92,000 copies of *Femina* magazine will be printed and distributed quarterly. *Si Mchezu* (*It's Not a Joke*) is a new publication for low-literate youth that is initially being distributed in southern Tanzania. A users guide has also been produced. Both publications are interactive, colorful, hip.

- **The Youth Advisory Groups** set up by the that the *ISHI* program effectively have given youth a voice and set the course for the highly successful *ISHI* "*Subri au tumia kondom kila wakati*" (wait or use a condom every time) campaign. HealthScope, the organization managing *ISHI*, has effectively promoted high-risk perception, delaying sex, or use of condoms among youth. Justin Nguma, the Associate Director of HealthScope Tanzania, says that his most important lesson learned is that, "Youth can run the show … they came up with language that was hip, on target, that did not offend anyone."

- **AMREF VCT Centers** are drawing increasingly large numbers of youth for counseling and testing. Post-test clubs and ALPHA clubs are also growing in number. AMREF, "partners with anyone," and as such has strong links to the Lutheran and Anglican churches and the Aga Khan Foundation. Two of AMREF's VCT clinics are in youth centers, which makes it easy to "play sports and get tested."

- **DTV Youth Productions:** Anne Idrissu's youth television shows are well known for creating a buzz. Anne produces variety shows that effectively "Give Youth a Voice." In the process she has learned a tremendous amount about what youth value most, how they make decisions, and what they need to feel comfortable. From different anecdotes recounted during our interview, it was clear that Anne knows how.

- **Youth Theater:** Tanzania should capitalize on the vibrant, effective, and universal community drama nationwide. When the consultants first met Geoffery Mhagama, the director of the Youth Cultural and Information Center, he was preparing eight training teams to run theater development workshops for Voluntary Sector Health Project (VSHP). The

second interview was at the end of a long day during which Mr. Mhagama was engaged in half a dozen activities to stage and promote Community Theater. It is hard to imagine a more direct way of allowing youth leaders to emerge than through youth drama. Few countries are as poised as Tanzania to use theater, an unparalleled BCC tool, on a broad scale.

- **Roadshows:** ESP Momentum is organizing road shows for Population Services International (PSI) and VSHP. They expect to launch activities with the *ISHI* program in the near future. Health-related activities comprise the majority of their work, and the director of Tanzania operations, John Stuart, will be devoting his time exclusively to this domain in the future. When talking to John Stuart, one senses immediately the discipline and openness to new ideas that characterizes the private sector.

Taken as a group, these youth programs contain all the elements of nationwide success. These programs are a functioning, diverse group of "centers of excellence" Their achievements are the best possible advocates for increased HIV/AIDS funding for youth activities. Each presents challenges and opportunities for significantly greater impact. By focusing on the best of what is already available, streamlining programs, and linking them together in a synergistic manner, it is possible to create a tremendous surge of youth energy and impact.

Youth Clubs and Core Youth Activities

Youth should have a means by which to organize so that they may develop and implement activities. Youth clubs would provide this opportunity. The term *ISHI Zaidi* Club, a dynamic youth group, a star, was coined during discussions with Anne Iddrisu of the Africa Media Group. The consultants asked Ms. Idrissu and several other youth program managers and front line technicians, "What are the five most important things a youth group should do?" This follow-up question to the one asked about individual youth produced similar results. No one produced a concise list of approximately four to six criteria or goals their program had drawn up; yet, program managers had remarkably similar opinions on what excellence looks like. They described a group that not only has educated its own members but is continually reaching out to others through peer education, skits, and songs to spread messages of prevention, care, and compassion. Together, youth program stakeholders came up with the following composite of potential *ISHI Zaidi* Club goals:

- Members have a sense of their own worth;
- Which will lead to acquiring basic adolescent reproductive health knowledge;
- Members are devoid of stigma;
- Involved in caring activities; and
- Active in reaching out and educating peers and other organizations.

During discussions with youth program managers another promising idea emerged: the need identify and assemble a core group of the effective **core youth activities**. The majority of these activities are probably already being carried out in Tanzania. Perhaps one or two activities developed elsewhere could also be introduced. Note again, that the emphasis on focus. Promotion of eight to twelve proven core youth activities will have greater impact than

a compilation that mixes 50 excellent, fair and poor entries together. Four illustrative core youth activities are:

- Youth drama: presenting skits at community events and during "youth exchanges."
- Peer education: using the Youth Passport to reach out to peers about choices.
- Care: youth mobilize to insure care for 3 community members
- Reduce stigma: exercises that allow youth to recognize when they are using stigma-producing language.

Gap #5: Community Activities Are Poorly Focused

The communication carrying capacity of the average Tanzanian rural community is quite limited. In most cases three themes is the maximum that can be handled at any given time. Introducing new themes is often time consuming and requires costly retraining volunteers. Therefore, organizations working at the grassroots level must focus on specific themes and activities if they expect to meet their objectives.

Focus Is Needed For Expansion: Successful boutique-size programs are valuable, but frequently do not have a meaningful impact on public health. A worthwhile exercise would be to estimate the percentage of communities in Tanzania actually engaged in health promotion activities. Often this figure is far lower than anyone would have thought. In order to boost impact and extend the total reach of all communication programs, scale should be a crosscutting theme of BCC work in Tanzania. This does not mean that all programs should be large. Impact-through-scale can only be achieved by engaging dozens of networks and organizations in health promotion. It should also be noted that scale is a major contributor to capacity building. When coupled with a participatory approach, activities implemented at scale promote efficacy by engaging large numbers of local and regional leaders, organizations and groups in the process of improving the lives of their families and communities.

Link Communities to Health Facilities: A characteristic of all community programs is that they should actively support work at the local health facility. Health providers in the Arusha region indicated they received little ongoing community support. Indeed, it is not an exaggeration to say that a community engaged in health promotion should see itself as multiplying the voice of the health worker.

Insure Community-Level Training Is Skill-Based: Efforts by the consultants to meet a group of community health workers were unsuccessful. However Ms. Janet Pallangyo, the Arumero District supervisor, described the 10-day course used to train community health workers. Similarly, Geoffery Mhagama, the Director of the Youth Cultural and Information Center, outlined the 10-day course that trains youth in community theater techniques. In each case, it would be worthwhile for program managers to explore the possibility of shortening the length of the course by focusing more on practical skill building and less on imparting knowledge. So, for example, instead of training two community health workers per village for 10 days each, it might be possible to train four people per village for five days. The results of this kind of shift, which doubles the number involved at the grassroots, are usually positive.

Most BCC workshops still emphasize health knowledge over communication skill building. This is a mistake. In general, community workshops should be short and focused on assisting volunteers to learn a few fundamental communication skills such as counseling and home visits. The goal of the workshop should be to give the participants enough practice so that they feel confident about their skills and begin using them immediately after the workshop.

Update Communication Training at the Zonal Level: The Centre for Educational Development in Health, Arusha **(**CEDHA) offers a diploma course in health education and trains trainers for 100 institutions nationwide. It also offers a short two- to six-week course in teaching methodology skills and is involved in training primary and secondary school teachers. The main focus of the center, however, remains on front line health workers. The CEDHA director, Dr. Ndeki, and his staff expressed interest in strengthening links between courses they offer and field programs. Zonal training centers should be an important vehicle for rolling out any of the core activities described above. New message guides, teaching tools, and innovative approaches to working with the community should all be developed with CEDHA participation and in turn integrated immediately into courses offered at the center. CEDHA would be an excellent institution to conduct a participatory "action audit," that is, evaluate each course in terms of the action it produces – whether participants develop skills they are able to use once they return to their posts.

VII. Seven Great Opportunities for Tanzania

Opportunity #1: Build on Successful Programs

The easiest way for the health communication community in Tanzania to "jump-start' a new wave of energetic BCC programs is to build on success. This seems quite obvious, but it is truly incredible how often managers of communication efforts eschew successful programs in favor of heading off in the wrong direction. The following examples illustrate the advantages of this approach.

- Revamp and rebroadcast *Zinduka*, the highly successful radio drama, and its supporting materials, such as the *Zinduka* Photo Novella. The *Zinduka* program has consistently been the most listened to health education radio program since it was first broadcast in 1993. Analyses in 1994 and 1999 demonstrate the strong correlation of positive health behaviors with *Zinduka* listeners. As it is now a decade old, the program should be re-evaluated and redesigned as needed to give it and its supporting materials a fresh look.

- *Femina* and *Si Mchezo* the well-designed, effective magazines could greatly facilitate the development of the Youth Passport described earlier. Indeed, a selection of the "best of *Femina* and *Si Mchezo*" would very likely already include 80% of the passport's contents. The passport can be tested by youth through *Femina* and *Si Mchezo,* thus insuring that it reflects the voice of youth in Tanzania.

- Run with *Si Mchezo:* one senses that this streetwise, edgy, upstart youth publication is eager to overtake her older, better educated sister, *Femina*. It would be interesting to see what happens if *Si Mchezo* were placed next to *Femina* on the newsstands.

- While there is great appreciation the design quality of both *Femina* and *Si Mchezo*, the editors of the magazines should be encouraged to explore approaches with lower unit costs that can be printed in greater editions. Another possibility is to have a series of low-cost, high-volume reruns of *Femina* and *Si Mchezo* articles that have been particularly well received for youth. Any increase in the reach these valuable educational resources will benefit Tanzanian youth.

Opportunity #2: VCT as a Prevention and Care Engine

HIV/AIDS testing could well be a "gateway" behavior, one that clears the path for additional positive action. This concept emerged during discussions at AMREF, Marie Stopes, Health-Scope, and with Anne Iddrisu. Testing can be viewed as presenting an educational and communication opportunity for those with negative results and a caring opportunity (although this idea was explored less) for those with positive results. All agreed that a typical individual who learns his or her test result is negative usually experiences a motivational leap to preserve that status. The HIV/AIDS program officers also felt that this group has a corresponding responsibility to talk to others. It's not difficult to imagine a youth testing negative in the morning saying to his buddies that afternoon: "Hey guys, I dodged the bullet. I thought I was HIV positive. I can't believe I'm not. Now, we all need to make some tough decisions."

Below are a few ideas that emerged from discussions on seizing the opportunities that VCT presents:

- **For negative test results**
  a) Separate materials for youth and those who are married

  b) Materials could include a:
     - "Personal Plan (for remaining HIV negative) Card". A presentation of key behavior changes that a counselor can review with the client. The client keeps the card as a reminder and reference.
     - New generation of colorful "friendship" cards that encourage communication with peers and friends.

- **For positive test results**
  a) Separate materials for youth (females and males) and those who are married (wife and husband).

  b) Materials could include a:
     - "Personal Plan for Positive Living" Card: Important steps to take to remain active and healthy. Where to go when you are ill or need assistance.

- "Trust" Cards: Cards designed to facilitate communication by the person who tested positive with his/her partner, partners and/or spouse. Everyone interviewed agreed that this is a culturally sensitive area and that anything that could facilitate communication would be welcome.

Opportunity #3: Cultivate Organic Communication Strategies

Once Phase IV activities are successfully launched and gain momentum, it will then be appropriate for the communication taskforce to work with the MOH and partners on developing theme-specific (i.e., VCT. immunization, community-IMCI or promotion of family planning) communication strategies. Cultivating communication strategies by cobbling together successes, best practices, and promising innovations usually produces far more realistic and dynamic results than a five-day national strategy workshop. From this working core, a strategy can be rounded out and strengthened with connecting components.

The Planning Gap: Dozens of national departments, regional offices and health-related organizations in every African country have inadvertently tied themselves up with complicated, detailed strategies that can not realistically be carried out. Most development technicians have experienced this phenomenon first-hand. An essential quality of an excellent strategy is movement, velocity, acceleration. These dynamics are not easily captured in laborious workshops.

There is presently no national HIV/AIDS communication strategy in Tanzania. This is *not* a serious gap. Each dynamic HIV/AIDS program has a well-conceived strategy. Together they contribute to a diverse, stimulating communication environment. Perhaps the most efficient way to construct a workable national strategy would be for the communication taskforce to semi-annually review and identify short term and long term HIV/AIDS accomplishments, challenges, and opportunities.

Opportunity #4: Re-energize Family Planning Promotion

Re-energizing family planning promotion can be quickly accomplished by redesigning and launching a new Green Star logo. The present logo could be designed for two printing options: two color and full color. The family at the center of the present logo lacks life and color, they are not making eye contact with the viewer……perhaps they are embarrassed to be using modern family planning? This family could be better drawn and brightened up with appropriate skin color and attractive, while not fancy, clothes.

Each family planning center needs an attractive sign out front. Large, very colorful banners promoting family planning would also be relatively easy to produce and distribute.

Community-Based Distribution (CBD) Programs: Re-energizing the CBD program would be an important component of any effort to boosting the contraceptive prevalence rate. The consultants were not able to meet with CBD agents during their mission but did discuss CBD activities with health providers on several occasions in the Arusha region. It appears that

most CBD programs have languished in recent years. A quick refresher course and the provision of a new supply of materials would go a long way to support their efforts.

Opportunity #5: Launch a Champion Community Initiative

The Champion Community approach, a highly promising method of building low-cost incentives into a strategy, focuses field activities on the achievement of specific benchmarks. The initiative challenges community associations engaged in health promotion to move to a higher level of accomplishment and commitment. Experience has shown that leaders respond positively to a set of well-defined communication, health, and outreach targets. If the mix of goals works well together and can be achieved with a reasonable effort, community associations will vie for the distinction of being designated a champion community.

Jamii Upendo Na Matumaini (A Compassionate Community): Parallel to discussions about youth activities, the consultants and interviewees explored the qualities or characteristics of a "compassionate" community. A compassionate community could be defined as one that is organized to care for people living with AIDS and is also engaged in reproductive and child health promotion activities. Communities that have demonstrated their level of engagement and earned the distinction of being *Jamii Upendo Na Matumaini* would be natural excellent candidates for programs seeking to invest funds.

***Jamii Upendo Na Matumaini* workshop:** A *Jamii Upendo Na Matumaini* workshop would determine criteria for earning the distinction of being a "Compassionate Community". Similar to the *ISHI Zaidi* Clubs, stakeholders would greatly facilitate the expansion of community-based programs if they reached a consensus on core activities that could be used to determine champions, stars, or "compassionate" communities. Well thought out criteria would most likely include quantitative and process-type goals, fixed goals and those that involve a choice by community members, goals that are relatively easy to carry out, and those that take several months to accomplish. The challenge here will be to successfully resist the temptation of setting too many goals or criteria. This will only serve to discourage community action.

Opportunity #6: Celebrate Achievement

The rich tradition of theater and traditional celebrations in Tanzania present an opportunity that should be actively seized. Celebrations of achievement, regularly integrated into programs, will contribute to a tremendous improvement in the quality of field activities. Far from being one time activity, festivals, should follow four to six months of community health promotion and be viewed as end of the season graduation ceremonies. An important aspect of the festivals would be to recognize youth groups that achieved *ISHI Zaidi* status, "Compassionate Communities," and community members who have made significant contributions to health promotion. Festivals also promote an exchange of ideas and launch a new wave of activities. It's an opportunity to express pride and creativity that should not be overlooked.

Get Ready for the "Maman Idrissou Roadshow": The "Maman Idrissou Roadshow" will be coming to town in three weeks. Who's going to perform? Local youth, of course! The arrival of a roadshow and other events, such as religious fairs, school assemblies, and na-

tional holidays are occasions to highlight youth talent – dance, theater, song, sport – all enlisted in the fight against HIV/AIDS. Let youth proclaim: *"Our talent is stronger than AIDS!"* Dozens of youth groups preparing for a friendly competition (where everyone's a winner) will create an updraft of enthusiasm that shifts the emphasis in HIV/AIDS prevention and care away from *"Lots of bad news"* to *"Youth are taking charge."*

According to Geoffery Mhagama of the Youth Cultural and Information Center, the Ministry of Culture plans to re-launch the biannual theater competitions that were popular several years ago. This would be an outstanding opportunity to engage hundreds of youth groups.

Opportunity #7: Link Community Activities to Media

Tying rural radio and other mass media support to community programs is an emerging and highly promising approach. Recording and broadcasting community theater and celebrations creates a powerful synergy between two fundamental communication channels: community and mass media. In essence, mass media taps into a lively range of local activities and community participants for its source material. Broadcasting a youth or community skit, the celebration of a new *ISHI Zaidi* Club or an interview with a mother who has moved from exclusive breastfeeding to another method of contraception, can drive a community program. Radio and television broadcasts not only extend the reach of performances and events, but also serve as a powerful means of encouraging community groups to improve the quality, creativity, and frequency of their activities.

BCC ASSESSMENT – CONTACT LIST

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12. Dr Kwayu/Emmy Changwe	St Elisabeth Hospital		27/10/03
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17. Ms Anjela Bainet	Asst. i/c Usa river Dispensary		28/10/03
18. Mr Simon Mbise	I/c Olturumet H.C.		28/10/03
19. Ms Christine Masha	Project Manager, Arusha Marie Stopes		28/10/03
20. Dr S. Ndeki & Team	CEDHA		29/10/03
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21. Dr J. Nguma & Ms A. Bagile	VSHP/ ISHI Project		29/10/03
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23. John Stuart	EXP Momentum	0748- 299925	30/10/03
24. Anne Idrissu	Producer – DTV	0748- 511539	30/10/03
25. Grace Luciola	EngenderHealth	0744- 588935	30/10/03
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BCC ASSESSMENT – ROLE OF ORGANIZATIONS

No.	Name	Area	Coverage	Materials	Quality of Materials	Key Issues Discussed
1	UNFPA	RH, HIV/AIDS, Youth & Population and Development.	Countrywide	Radio- TNW, FLE in schools, Print	Radio program twice weekly- popular need evaluation on listenership due to FM stations. Curriculum incorporate FLE in primary, not enough need additional for behavior change.	-Resistance from Prolife movement -Support AMREF youth center -Referral centers not youth friendly -Support to AYA -Need Govt to coordinate partners
2	GTZ- Repro	Youth	4 regions, Lindi, Tanga, Bagamoyo & Dar	Booklets, video film, youth theatre groups	Good, but not permitted in schools because of information on use of condoms. Circulated out of school	-Resistance from MOEC on youth materials in schools -Need to scale up youth SRH services
3	UNICEF	Youth, Maternal & CH, HIV/AIDS	57 districts	Print, video film, Life skills education- Sara communications	Good quality materials, Life skills important to youth as it empowers their decision making in safer sex.	-Focus on life skills rather than BCC -Youth want recognition/visibility -Encourage dialogue with older age groups
4	Netherlands Embassy	Youth, HIV/AIDS	TANESA- Mwanza/ Countrywide- Social Marketing of Condoms	Print, Youth counseling, AIDS education in schools,	Not see materials	-Weakness in existing system to document and scale up best practices eg TANESA in Magu -Role of HEU in coordination of BCC not visible
5.	VSHP- Care Int.	Youth, FP, MCH and HIV/AIDS	30 Districts- 227 grantees	Toolkit for health services in Community, Peer educators, Community theatre.	Good laminated material, but too bulky, need to be condensed inorder to tease out key messages for the intended audience which the theatre groups need to emphasize.	-Rural focused HIV/AIDS campaign -Facilitator rather than implementer - How to deliver key messages to the community
6.	MoH- RCHS	Youth, FP, MCH & Prevention STD/HIV, Quality Improvement	Countrywide- through MCH clinics & Community-	Radio- Zinduka, Print materials, CBDs, Service Provider Toolkit, Communication strategy, Community theatre	Radio good listernership but need to be evaluated due to established FM stations. Print materials very good quality, distributed widely in MCH clinics. Communication strategy well written, need to know how far it is utilized in plans by the different stakeholders.	-Quality improvement & recognition program put on hold - Popular radio program but low coverage of RTD -Curriculum for community theatre at JHU under review -Re-emergence of new messages in Radio soap -Request for documentary campaigns
7.	HIP- FEMINA	Youth- SRH, HIV/AIDS	Countrywide in secondary schools, Workplace, rural communities in 4 regions of S. Tanzania	Print- Femina magazine, Si Mchezo. TV- Femina talk show IPC- Femina clubs Road shows with community theatre groups	Excellent print materials, appealing to audience. TV show very interactive, applicable to youth in urban settings, need to evaluate how is it perceived to the rural youths. Si mchezo (no joke) magazine designed for the rural setting but only distributed in the south of Tanzania and exclusive to HIV/AIDS.	-Quality materials -Focus beyond the ABC of HIV prevention -Focus on PLWHAs to come forward -Produce extra copies -Partnership in distribution -Promote services thru web page -Promote Femina ambassadors

No.	Name	Area	Coverage	Materials	Quality of Materials	Key Issues Discussed
8.	YCIC	HIV/AIDS, MCH, Malaria	30 districts of VSHP	Community theatre-Training & road shows, Soccer	Unfortunately due to month of fasting could not observe theatre in action. Make use of Toolkit which appears too bulky and needs to be condensed to tease out the key actions for the intended audience.	-Key messages from toolkit -Trainers have guideline for Comm. Theatre -What key actions do you want audience to do? Each skit with action, before & after behavior -Make theatre more powerful train secondary schools
9.	UZIMA-ELCT center, Arusha	VCT	Arusha municipality	AIDS video film in waiting lounge, leaflets Counselling, HIV testing, Condom supply. Link up with ALPHA + for HIV positive.	Using the "ISHI" leaflets as take home message for youth who have been counseled and tested.	-Show educative videos on HIV/AIDS and impact -See 20-22 people per day. Most youth -HIV pos referred to support NGO ALPHA + -Provide ISHI leaflets -How to encourage HIV neg to remain so and be advocates for SAFE sex
10.	Ngarenaro MCH clinic, Arusha	MCH, FP, STD screening, CH, Youth counseling	Arusha municipality	Print materials, leaflets, posters, IPC,	Make use of print materials from MoH RCHS and NACP.	-Demonstrate use of ITNs at waiting lounge -How can community assist in Health education -Youth to access services must have person who they trust or thru MS friendship card -Youth counseling room –quite unique -Syphillis screening of pregnant, partners come for treatment if requested,
11.	Pathfinder International	Home Based Care-PLWHAs	Arusha municipality-7 wards	IPC, leaflets, fact sheets, Training of CBHWs	Good print materials, for PLWHAs and community based providers. Need materials on nutrition to supplement the existing information on homebased care.	-Have 60 trained CHWs -Work with Community AIDS committees at Ward -Stigma is a problem -Poverty a problem most cannot afford a meal -Key messages to PLWHAs -How to fight stigma -Use more interactive IEC e.g., puppetry & drama
12.	St Elisabeth Hospital (R.C.)	Maternal Care- FANC, Child care	Arusha municipality	IPC, Leaflets, Provide SP(DOT) and TT vaccine to pregnant women.	Using MoH RCHS materials- FANC flipchart. Antenatal card only focus on the pregnant woman, can be made more useful if add information for men, e.g proper nutrition, reduce workload	-Demonstrate FANC -ANC still old system not address FANC -How to make ANC card more informative to the client and husband -Design leaflet for husbands to support proper diet for the client

No.	Name	Area	Coverage	Materials	Quality of Materials	Key Issues Discussed
13.	Arumeru district hospital- Duluti	MCH- FANC, FP, PAC, CH, HIV/AIDS	Arumeru district	IPC, Posters, leaflets, FANC job aides, Flip charts, CBDs	Using MoH- RCHS materials, good quality materials for the services, sometimes in short supply, high demand from the audience. Need more materials for HIV/AIDS since have a clinic designed for counseling and testing.	-Flipchart time consuming but useful to the client -ANC card not reflect FANC -FP most preferred methods pills & Depo -HIV/AIDS need support for outreach services -Have produced a HIV/AIDS pos advocate.
14.	Usa River Disp.	MCH, FP, CH,	Arumeru district	IPC, leaflets, Posters, FANC job aids	Using MoH-RCHS materials, good quality but not sufficient to meet needs of the client.	-Community support to services is there but needs to increase -Community member assists in HE at facility -FP/RH training update includes use of SP toolkit & IEC
15.	Olturumet H.C.	MCH, FP, CH, STD management	Olturumet village- Arumeru district.	IPC, job aids, Posters	Use of MoH-RCHS materials, good quality.	-very little support from community -Problem of water -Outreach services on foot no bicycles -Out of 88facilities only 55 have RCH services -CBD agents available supported by UMATI.
16.	Marie Stopes	FP, MCH, Youth, HIV/AIDS	Arusha municipality, Arumeru district	Brochures, leaflets, Posters, Community theatre, Road shows.	Good quality materials, use of youth friendly card to bring in new clients for services.	-Exemplary use of yellow friendship card for youth peer educators to refer -Encourage recreation activities for youth e.g., theatre -Promote PLT methods at community -Key messages for youth
17.	CEDHA	Training RCH service providers, STD management, Community leaders, CHMTs	Northern zone, Countrywide in Health management diploma.	Printing facilities for leaflets, newsletters, MCH cards,	Printing facilities producing quality materials with full color and glossy. Make use of MoH training materials and manuals.	-Teach students on how to develop materials -Link up with PHCI in Iringa to strengthen IEC skills -Train service providers in frontline facilities to reach communities -Strenghten followup of trainees -Need more capacity for BCC
18.	Healthscope	Youth – ISHI project.	30 districts in collaboration with VSHP-Care int.	ISHI campaigns, road shows, leaflets, posters, billboards, T-shirts and caps.	Very good quality materials, T-shirts and caps. Print materials creative and portable size designed for youth. Key message designed by youth “ISHI” or live – abstain or use a condom. Consistent in all the materials. Billboards very visible and appealing to the youth.	-Working at district with weak councils and NGOs has been challenging -Most NGOs in HIV/AIDS, very few in FP, MCH -Youth creative in designing and disseminating information to their peers -very strong political support in campaigns -What are the five things a youth should do to be an ISHI star -Need a BCC vision for the country

No.	Name	Area	Coverage	Materials	Quality of Materials	Key Issues Discussed
19.	MoH-NACP	HIV/AIDS	Countrywide	IEC/BCC in 6 areas; -Care and Treatment, STIs, Counselling & Social support, Surveillance & data collection, Laboratory services.	Print materials on STD not culturally sensitive in terms of exposing the lesions on the cover page. Otherwise, material is good and attractive and information applicable to the audience. Newsletters and Posters good quality, glossy and colorful.	-Re emerging issues all the time -In the past focus on prevention, then VCT,now attention on Care (70% of IEC) -Address stigma -Deal with post test individuals -Low literacy rate-people easily swayed by myths and misconceptions -BCC options not favorable to a large audience.
20.	EXP Momentum	Health, Consumer products e.g. Coca cola, Beer, ITNs	Counrtywide	Road shows with community theatre, Mobile Promotional unit, Ladies club, Clinic services.	Used by the VSHP in community theatre training and ISHI campaigns.	-Take advantage of local events e.g., market days -Road shows can reach about 80,000 -Need commercial sector to support health communication -Works best in the urban setting
21.	TV producer "UKIMWI na JAMII"	Youth, HIV/AIDS	DTV coverage in 5 regions.	TV talk show	TV program for youths on HIV/AIDS, very interactive and informative to youth and parents. Also informative to the general public on the attitudes and undesirable behaviors leading to HIV infection. Can be made more useful if carried beyond the screen to the audience through road shows and community theatre.	-develop programs for UNICEF youth centers -Emphasis on youth life skills, and how to make meaningful choices particularly in SRH -Encourage community to be open minded -How to address stigma
22.	Engender Health	Post Abortion Care, PLT methods of FP	Countrywide	Provide technical support (Training) to Public health facilities, NGOs	Did not see materials	-Able to scale up in PAC from 11 to all districts -Promote PLT FP methods using community COPE
23.	World Health Organisation	HIV/AIDS	Countrywide	Provide technical support	Did not see materials on PMTCT	-Make use of all methods to make sure information gets to the target audience -Youth need interactive method to make them interested -PMTCT needs to be scaled up through MCH services, however need a family approach in order not to discriminate men -To avoid conflicting messages to the public, actors need to be tolerant to each others beliefs and values

No.	Name	Area	Coverage	Materials	Quality of Materials	Key Issues Discussed
24.	African Youth Alliance	Youth, RH and Prevention HIV/AIDS.	10 districts	Posters, TV program "Longa kijana" Newsletters.	Print materials, Posters use artist, could be more appealing to the youth if used better artist. TV program, for youth very informative and interactive, empower youth to air views to the public on sensitive RH issues. Newsletter- good quality caters for the youth and the general public on SRH and official AYA activities.	-Need to empower the youth to value their lives -Need to be role models -Need to reach out
25.	Tanzania Commission for HIV/AIDS (TACAIDS)	HIV/AIDS	Countrywide	TV, Radio, Posters, Billboards, Workshops, Strategic Framework to respond to epidemic.	TV Spots focusing on youth and general public on HIV/AIDS. Print materials good quality focusing on youth particularly the billboards.	-Since epidemic started in 1988 not seeing corresponding behavior change -As individuals do not internalize the risk -Need to increase VCT facilities -How to encourage those who are negative to remain so -How to communicate effectively on the treatment and care -50% of AIDS patients are married, how to deal with the orphans -How to translate the strategic framework into action, the role of the community in implementing plans.
26.	AMREF	Youth, HIV/AIDS	Countrywide VCT centers "ANGAZA"	TV spots, radio spots, leaflets, posters, billboards	Excellent TV spots for promoting VCT, addressing different audiences, married couples, youths about to enter stable relationships. Leaflets and posters also good quality and appealing to the different audiences.	-Need new messages to make people interested -Need more innovation -Main emphasis on counseling -Because of high stigma, establish post test clubs -Quality of service is key in attracting clients to the service -AIDS treatment might encourage more clients to come for VCT since it's a benefit once someone is positive.

GLOSSARY OF ACRONYMS

AMREF	African Medical and Research Foundation
BCC	Behavior change communication
CBD	Community-based distribution
CEDHA	Centre for Educational Development in Health, Arusha
DTV	Dar es Salaam Television
FANC	Focused Antenatal Care
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
IEC	Information, education, and communication
IMCI	Integrated management of childhood illness
JHPIEGO	JHPIEGO Corporation
MOH	Ministry of Health
NGO	Non-governmental organization
PMTCT	Preventing mother to child transmission
PSI	Population Services International
STI	Sexually transmitted infection
TACAIDS	Tanzania Commission on AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	U. S. Agency for International Development
VCT	Voluntary counseling and treatment
VSHP	Voluntary Sector Health Project